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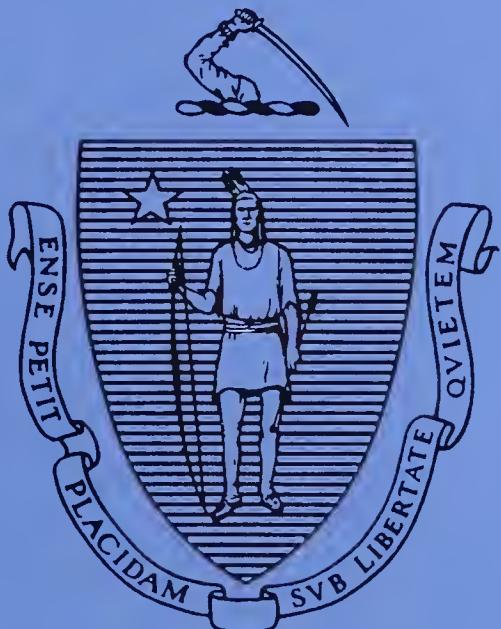
THE COMMONWEALTH OF MASSACHUSETTS

SPECIAL COMMISSION ON
VIOLENCE AGAINST CHILDREN

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ANNUAL REPORT

1986 — 1987

SENATOR FREDERICK BERRY
SENATE CHAIRMAN

REPRESENTATIVE A. JOSEPH DeNUCCI
HOUSE CHAIRMAN

**ANNUAL SUMMARY OF THE SPECIAL COMMISSION
ON VIOLENCE AGAINST CHILDREN**

January 1986 - January 1987

**- Senator Frederick E. Berry -
Senate Chairperson**

**- Representative A. Joseph DeNucci -
House Chairperson**



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PART I. Section A. BACKGROUND AND INTRODUCTION

In October 1983, Massachusetts General Laws Chapter 119 Section 51B, was amended by Chapter 288. Chapter 288, the New Child Abuse Reporting Law, mandated the Department of Social Services to notify District Attorney offices in specific cases of severe child abuse and neglect. Previously, while the Department of Social Services received the initial child abuse reports from those professionals mandated to report under the law, there had been no systematic procedure for referral of severe cases to the attention of the District Attorneys.

Chapter 288 also established the Special Commission on Violence Against Children for the purposes of making an investigation and study relative to the causes of violence against children, addressing the availability and delivery of services where violence has occurred, and addressing ways to reduce the incident thereof.

In January 1984, the joint Special Commission was convened under the dual leadership of Senator Chester Atkins and Representative Michael Creedon. The commission ran for approximately one year and its first report is on file. Then, in October 1985 the Special Commission was re-convened, under the new leadership of Senator Frederick E. Berry and Representative A. Joseph DeNucci. A new Executive Director was appointed as well.

At that point in time, 24 months had passed since the enactment of Chapter 288, "The Child Abuse Reporting Law." The scope and prevalence of the problem of violence against children had been more clearly illuminated by the consistency of statistics compiled by the Department of Social Services during that period. Each month, cases which met the criteria for being reported to the District Attorney's Offices (as mandated and defined by Chapter 288) were tabulated and recorded. Since these statistics represented only the cases which met the criteria for Chapter 288, they reflected only the most serious cases of abuse and neglect and not the overridingly more typical case of a child-at-risk under the care of the Department of Social Services. Nonetheless, in October 1985 (and to date), the numbers of those severe cases remained alarming.

Total number of cases referred by Department of Social Services to the District Attorneys:

from Oct. 1983 to Oct. 1985	1,948
from Oct. 1983 to Oct. 1986	4,015

Average number of cases per month	112
Average number of deaths per month	1
Average number of serious bodily injuries	4
Average number of sexual assaults or exploitation cases per month	105
(Total number of overall reports of abuse/neglect, FY'86 - 49,799)	
(Total number of overall substantiated cases of abuse/neglect, FY'86 - 18,295)	

Though the need for a multi-branch forum for discussion, problem-solving, and collaboration on this serious social problem became evident, it was also clear that the Commonwealth was addressing the complicated problems of children-at-risk through multiple avenues of approach. Active during this period were the following task forces and work groups: The Foster Care Review Commission, The Children's Mental Health Task Force, the CHINS Commission (Child in Need of Services), the Governor's Work Group on Battered Women, the Governor's Task Force on the Unmet Legal Needs of Children, the Child Abuse Work Group (E.O.H.S.), and the Task Force on Institutional Abuse (Child Welfare Commissioners).

With this climate of a multi-dimensional approach, the Special Commission held the unique and important position of direct linkage to the Legislature, with simultaneous representation from public and private child welfare agencies, the criminal justice system, the medical community, and the judiciary. A broad view of the landscape at that time indicated gaps in the communication and collaboration across and among the various groups servicing abused children and their families. Thus, the Special Commission functioned as an important mechanism for linkage among the components of the service delivery system and also as a clearinghouse for information, problem-solving, and review. Of equal importance, and as dictated by its statutory mandate, the Special Commission conducted its lines of inquiry with a particular focus on the causes of violence against children and ways to reduce the incidence thereof.

Given the scope of the problem and the broad mandate, under the new leadership, the Special Commission operated with a multi-faceted approach. This included the following:

1. Legislative initiatives
2. Subcommittee work groups

3. Special projects, including research funding, statewide conferences, and a pilot project
4. Monthly Commission meetings for collaboration, information sharing, and discussion.

The following review discusses the key areas addressed by the overall operations of the Special Commission from January 1986 to January 1987, under the leadership of Senator Berry and Representative DeNucci.

PART I. Section B. DESCRIPTION OF MEMBERSHIP

1. MEMBERSHIP:

The Special Commission is composed of 22 members, representing the positions outlined in the statutory language. These include:

- 8 legislators (3 senators and 5 representatives, 2 of whom serve as Chairpersons of the Commission)
- Secretary of Human Services
- Commissioner of O.F.C.
- Commissioner of D.S.S.
- Executive Director of M.C.C.Y.
- Executive Director of Mass. Advocacy
- Executive Director of M.S.P.C.C. or another child welfare agency
- Director of Parents Anonymous
- 2 Pediatricians
- 2 District Attorneys
- ~~1~~ Judge

Ex officio appointments include, but are not limited to the following:

- The Executive Director
- 2 Chiefs of Staff from each of the Chairperson's Offices
- The Commissioner of Education

2. APPOINTMENTS (January 1986 - January 1987):

The Honorable Frederick E. Berry
Senate Chairman
Special Commission on Violence Against
Children

The Honorable A. Joseph DeNucci
House Chairman

The Honorable Salvadore Albano
State Senator

The Honorable Peter Webber
State Senator

The Honorable Nicholas Buglione
State Representative

The Honorable Ellen M. Canavan
State Representative

The Honorable Susan Tucker
State Representative

The Honorable Barbara Hildt
State Representative

Jeanette Atkinson
State Coordinator, Parents Anonymous

Edward N. Bailey, M.D.
Baystate Medical Center

James L. Bell
Former Executive Director, MSPCC

Stephen B. Bing, Esq.
Director, Massachusetts Advocacy Center

Kevin M. Burke
District Attorney, Essex County

Secretary Philip Johnston
Executive Office of Human Services

Mary Kay Leonard
Director, Office for Children

Chief St. Pierre
Salem Police Department

L. Scott Harshbarger
District Attorney, Middlesex County

Judge Roderick Ireland
Boston Juvenile Court

Commission Marie Matava
Department of Social Services

Jetta Bernier
Executive Director
Massachusetts Committee for Children and Youth

Robert M. Reese, M.D.
Family Development Center
Boston City Hospital

Ex officio members:

Michael Daley
Deputy Commissioner, Department of Education

Rhoda Schneider
Acting Commissioner, Department of Education

Dick Jobin, M.S.W.
Director of Children's Services
E.O.H.S.

Nancy Kaufman, M.S.W.
Assistant Secretary for Social and
Mental Health Services

Linda Luongo, Esq.
Chief of Staff, Committee on Human
Services and Elderly Affairs

~~Catherine M. Mitkus, M.S.W.~~
Executive Director - Special Commission on
Violence Against Children

3. ROLES AND RESPONSIBILITIES

A. Chairpersons

The two Chairpersons share leadership of the Commission at large and jointly chair full commission meetings. They are authorized to appoint new commission members, as needed, and to direct the overall Commission to meet its legislative intent and objectives. The House Chairperson is appointed by the Speaker of the House. The Senate Chairperson is appointed by the Senate President.

They are voting members of the Commission at large and may appoint subcommittees, ad hoc committees and chairpersons of such committees as needed.

B. Executive Director

The Executive Director is appointed by the 2 Chairpersons of the Special Commission and reports directly to both House Chairperson and Senate Chairperson. The Executive Director is responsible for the overall coordination and management of the Commission work and oversees the subcommittee functions. The Executive Director serves as an ex officio member of the Commission at large.

C. Administrative Team

Together, the Executive Director, the House Chairperson, and the Senate Chairperson comprise the Administrative Team of the Special Commission.

D. Commission Assistant

The Commission Assistant is hired by the Administrative Team and serves as an Assistant to the Special Commission at large. The Commission Assistant reports directly to the Executive Director.

E. Membership

The membership of the Special Commission are statutory appointments and serve as working advisors and either members or Chairpersons of subcommittees as appointed by the Chairpersons of the Commission at large.

Commission members are responsible to the Commission at large. They are voting members on all matters subject to full Commission vote, advisors to matters of full Commission review, and managers of subcommittee endeavors.

F. Commission Subcommittee

Each Subcommittee is chaired or co-chaired by Commission members who report back to the Commission at large with periodic updates. The Subcommittee Chairpersons, as appointed by the House and Senate Chairpersons, are responsible for running the subcommittees and are authorized to work at the tasks at hand as best they see fit. Subcommittees may make recommendations for legislative or budget matters to the Special Commission at large. Any correspondence generated from subcommittee work is reviewed by a member of the Administrative Team.

Subcommittees are comprised of both Commission members and other professionals or citizens who may be asked to assist. New members are assigned by the administrative team and/or the subcommittee chairpersons. The subcommittee chairpersons may appoint designees to coordinate the subcommittee meetings. The other members of the subcommittee are welcome to attend full Commission meetings but are not ex officio members of the Special Commission unless otherwise indicated.

4. DECISION MAKING PARAMETERS

All matters requesting or requiring Special Commission endorsement of legislation or recommendations of the State Budget are to be voted upon by the Special Commission at large during full Commission meetings. Any final documents, policy papers, public reports or publications are to be discussed and approved by vote at full Commission meetings. A majority vote of members present shall constitute the Commission recommendation; any dissenting opinions are to be recorded. Any Commission member wishing to submit minority reports may do so.

- * Decisions regarding daily management of Commission operations, hiring, new appointments, subcommittee correspondence and work, press releases, public relations, and management of the Commission operating budget are the responsibility of the Administrative Team.
- * The Chairpersons of the Commission may authorize the Executive Director to manage, consult, or advise on matters related to the Special Commission overall objectives, as needed.
- * The Chairpersons may call for Executive sessions of the full Commission (i.e., closed to guests or press) as needed. Commission members may make requests for Executive Sessions to the Chairpersons. No Executive Session may be held in the absence of either Chair, except by mutual agreement of both Chairpersons.
- * In the absence of one of the Chairs, meetings shall be conducted by the Chairperson present. In the absence of both Chairs, meetings shall be conducted by either a Legislative Designee or the Executive Director.
- * Matters requiring public hearings shall be discussed and approved by the full Commission membership and shall be conducted jointly by the House and Senate Chairpersons.

PART II. ANNUAL REVIEW (1986 - 1987)

Section A. SUMMARY OF LEGISLATIVE INITIATIVES

The following bills, which were generated from the work of the Special Commission's subcommittees and legislative members, were considered priority initiatives to assist with the complicated, multi-faceted problem of violence against children. They address means to improve the existing service delivery system and to address prevention of future abuse.

1. "AN ACT FURTHER REGULATING THE REPORTING OF CERTAIN CASES OF CHILD ABUSE." Stemming from the work of the Statutory Review Subcommittee, this bill consisted of several amendments to Chapter 288, the Child Abuse Reporting Law. After two years of implementation, the need for "fine-tuning" certain aspects of Chapter 288 became evident. Most particular was the clearer understanding of the need to streamline investigations of reports of child abuse and neglect in order to minimize the systemic-induced trauma. Child victims often were subjected to multiple interviews by numerous professionals over time. One key component of the bill recommended moving the existing multi-disciplinary advisory teams to an earlier point in the investigative process (i.e., the front end of the process). In such a position, these teams would be convened and available for close collaboration from the start, and as recommended by the bill's language, would integrate police involvement, medical professionals, mental health specialists, as well as other multi-disciplinary team members. A second critical component of the bill deals with the issue of discovery of information in criminal proceedings.

Status: re-filed January 1987, by Representative Carmen Buell and Senator Webber.

2. "AN ACT PROVIDING FOR THE TRAINING OF LAW ENFORCEMENT PERSONNEL IN CHILD ABUSE CASES." Culminating from the work of the Subcommittee on Training Needs and its negotiations with the Criminal Justice Training Council, this bill mandates that the Council establish a course for law enforcement officials in the handling of child abuse complaints and develop guidelines for responses to children-at-risk. The course shall be established within the recruit basic training curriculum for the regional and municipal training schools, and shall

include at least 8 hours of instruction. The bill also states that the Council may include curriculum on child abuse within its in-service training programs as well.

Status: filed January 1987 - Senator Frederick Berry.

3. "AN ACT REQUIRING SCHOOL COMMITTEES TO DEVELOP A PROTOCOL AND INFORMATION PROGRAM REGARDING THE MANAGEMENT OF CHILDREN AT RISK." This bill mandates each city, town, or regional school district to develop a protocol for the implementation of section 51A of Chapter 119, and an information program for teachers, administrators and other professional staff regarding child abuse and neglect, including causation, indicators, dynamics, and standards of competence regarding the mandated responsibilities. It is seen as fundamental to improving the role of and integration of school systems into the community-wide approach to the problem.

Status: re-filed January 1987 by Representatives Susan Tucker and Barbara Hildt.

4. "AN ACT TO PREVENT ABUSE AND STRENGTHEN THE FAMILY THROUGH COMPREHENSIVE HEALTH EDUCATION AND HUMAN SERVICES IN THE PUBLIC SCHOOLS." Stemming from both public hearings and meetings of the Subcommittee on School Systems, this bill would require the Board of Education to appoint a statewide advisory committee which would compile a list of model health education/prevention of family violence programs and distribute the list to local school committees. The local school committees would be asked to appoint local advisory committees to review the programs and submit proposals back to the local and state-wide advisory committees for review. The aim would be to encourage schools to implement prevention programs within the local areas.

Status: refiled January 1987 - Representative Barbara Hildt.

5. "THE CHILDREN'S TRUST FUND BILL." This bill was identified as a priority of the Special Commission, and as a cornerstone to the advancement of prevention planning within the Commonwealth. It mandates the establishment of a trust fund which would receive monies from tax check-offs on the state tax forms. The bill also would establish an advisory board responsible for administering and awarding grants to eligible recipients within the state to carry out prevention activities. The grants would be for local prevention programs, for activities related to the prevention of violence against children,

and would prioritize local initiatives. The fundamental idea behind the Trust Fund concept is the establishment of a perpetual fund which would accumulate interest, be eligible for matching federal funds and private donations, and not be dependent upon yearly appropriations in the state budget.

Status: 1. Re-filed January 1987 - Senators Frederick E. Berry and Peter Webber.

2. Re-filed January 1987 - Representatives Carmen Buell and Barbara Hildt.

6. "AN ACT MANDATING PRE-SERVICE AND IN-SERVICE TRAINING PLANS FOR MENTAL HEALTH AND SOCIAL SERVICE WORKERS." This bill was deemed an important means to address the need for improving the quality of services to children already identified as in need of services and to assure the continuous training of permanent staff (as opposed to voluntary). This bill would require the Commissioners of the Department of Social Services and the Department of Mental Health to develop comprehensive pre-service and in-service training programs for current and newly assigned, promoted, or hired social work technicians, social workers, supervisors and legal division personnel, to be offered at each area office on at least a quarterly basis. Each employee would be granted a minimum of 8 days per year to participate in professional development. This bill was viewed as critical to furthering and assuring education and training opportunities for public employees. Currently attendance at all in-service training and ongoing staff development opportunities is voluntary.

Status: re-filed January 1987 - Representatives Carmen Buell and Barbara Hildt.

7. "AN ACT FURTHER REGULATING CERTAIN INVESTIGATIONS BY THE DEPARTMENT OF SOCIAL SERVICES." This bill amends section 51B of Chapter 119 by requiring investigations of 51A reports to commence within 2 hours of initial contact and to be completed within 24 hours if the department has reasonable cause to believe a child is in immediate danger and, for all other reports to commence within 2 working days and to be completed within 10 calendar days.

Status: Passed and Enacted in Chapter 478 on October 23, 1986.

8. "AN ACT RELATIVE TO CERTAIN TESTIMONY OF CHILD WITNESSES." This bill pertains to out-of-court statements made by children under age 14 describing any act of sexual contact performed on or with the child. It aims to create an exception to the hearsay rule and to facilitate introduction of statements made by the child to other parties (e.g., doctor, therapist).

This type of legislation has been enacted in at least 22 other states and has been upheld against constitutional challenges. (See State v. Pendleton, 690, P.2d 959 Kan. App. 1984); State v. Ryan, 103 WN 2d 165 (1984).

The Middlesex County - American Bar Association Child Sexual Abuse Task Force recommended that the Massachusetts Legislature take action in this area.

Status: re-filed January 1987 - Senator Peter Webber and District Attorney Ruberto.

PART II. Section B. SPECIAL PROJECTS

1. CHILD MORTALITY STUDY

Abuse or neglect which results in the death of a child is the most profound outcome of violence against children. The idea of a comprehensive study of child fatalities in the Commonwealth came from the Special Commission with the hope that better information about the circumstances of child deaths would serve as a basis for recommending strategies for reducing preventable deaths among the Commonwealth's children.

Thus upon the recommendation of the Special Commission, the Department of Public Health received \$50,000 in FY '85 to initiate a 2 year study on preventable child deaths. Funding was allocated in response to a preliminary outline which proposed to review all deaths involving Massachusetts children, ages 1 month to 19 years, occurring during the calendar year 1985, with special emphasis on investigating deaths from injuries and violent causes. The Policy Office of the Division of Family Health Services in the Department of Public Health was assigned responsibility for implementation and management of the study.

In December 1986, the Department of Public Health staff presented the Special Commission with a status report of the "Child Mortality Study" and reviewed preliminary findings. The main product of the study will be in the form of a final report to the Special Commission which will present the study's findings as well as recommendations for reducing preventable child deaths in the Commonwealth. The Special Commission will then have the opportunity to effectuate various policy options, legislation, or selected strategies. The final report is due to be completed by Spring, 1987.

2. SUPPORT OF MIDDLESEX COUNTY CHILD ABUSE PROJECT - TRAINING FILM

This professional training film, produced through the work of the Middlesex County District Attorney Office - Child Abuse Project, was designed for instructing both Investigative Police Officers and Department of Social Services workers on how to interview an alleged victim of child sexual abuse. Since the Special Commission recognized this project as a valuable contribution to improving the collaboration among criminal justice and social service professionals, the Commission supported the production of this training film. Advisory assistance was

provided throughout the design process via active involvement in the advisory work group (chaired by the Middlesex County District Attorney Office - Child Abuse Project).

Financial assistance towards the cost of production amounted to a total of \$2,500 from the Special Commission. The training film is scheduled for release in Spring '87 and dovetails with the Commission's recommendation regarding the provision of child abuse trainings to all police recruit officers by the Criminal Justice Training Council. (See recommendations of Training Subcommittee, Part II, Section C, page 24.)

3. SURVEY OF PROTOCOLS FOR MANAGEMENT OF CHAPTER 288 REFERRALS IN LOCAL DISTRICT ATTORNEY OFFICES

Since the enactment of Chapter 288 called upon the District Attorney offices throughout the Commonwealth to devise protocols for the handling of child abuse/neglect cases referred by the Department of Social Services, the Special Commission conducted a survey of the District Attorney office procedures. The purpose of the survey was to acquire data on how each District Attorney office was managing the Chapter 288 referrals, and to synthesize the information so as to provide an overall picture of the case management procedures across the Commonwealth. The summary of the survey is attached in Appendix A of this report.

4. JUVENILE SEX OFFENDERS

Concurrent with the increased public awareness and concern about the prevalence of child sexual abuse has been an emerging body of knowledge about juvenile sex offenders. Research findings suggest that without adequate services in adolescence, these youths are likely to continue their patterns of deviant sexual behavior, and become our adult offenders in the future. Considering the statistics resulting from contemporary research findings, the Special Commission recognized that the problems incurred by juvenile sexual offenders merited special attention.

For example, a study conducted by the NIMH reported that the rates of sexual assault per 100,000 adolescents ranges from 5,000 to 16,000 assaults, depending upon definition of 'sexual assault' and whether data is based upon arrest records or self reports from the juveniles themselves. Additionally, the National Crime Survey for 1979 reported that 21% of all forcible rapes were

committed by adolescents, ages 13 - 18. And Abel and Becker* reported to the National Institute of Mental Health that the average adolescent sex offender can be expected to commit 380 sex crimes in their lifetimes. In a sample of 232 adult offenders, 58% of whom had begun their crimes in adolescence, the offenders had offended a total of 17,585 victims (victims less than age 14) during their crime careers. This represented an average of 75.8 victims per offender!

Continuous with the aim of preventing future episodes of violence against children, the Special Commission recognizes its obligation to begin to address the needs of juvenile sexual offenders in terms of their own mental health and protective service needs, as well as for the prevention of future victimizations. The following initiatives were accomplished.

In August 1986, the Special Commission convened a workshop specifically designed for State Agency Commissions, program planners, administrators, and directors of private agencies serving adolescents. Doctor Judith Becker, a nationally recognized expert in the area of both treatment and research of juvenile sexual offenders, presented the audience with contemporary research data, implications for program planning, and suggestions for a state-wide continuum of care models.

Second, the Special Commission advocated for and helped to sponsor a state-wide conference for human service professionals who work directly with juvenile sex offenders and victims. Held in November 1986, and presented by the Department of Mental Health and the National Association of Social Workers, it represented a shared effort, which was planned in conjunction with the following agencies: the Department of Social Services, the Office of Children, the Department of Youth Services, the Family Service Association of Greater Boston, and the Middlesex County District Attorney Office. This conference, "Juvenile Sex Offenders and Victims: Breaking the Cycle through Early Identification and Treatment," provided alternative viewpoints on the treatment needs of this population, and was attended by over 500 professionals.

*(Abel, Mittelman, Becker. "Sexual Offenders: Results of Assessment and Recommendations for Treatment," NIMH, 1984, page 4.)

Third, the Special Commission assigned the Statutory Review Subcommittee with the task of investigating improvements in the 51A filing procedures, such that juvenile sexual offenders could be readily identified as children in need of services themselves, as well as their victims. The Commission recognized the report from the Attorney General's Task Force on Family Violence, September 1984, which indicated that the criminal justice system typically under-enforces the law for juvenile sex offenses, and thus inadvertently "tells victims and assailants alike that family violence is not really a serious crime, if a crime at all." However, the Subcommittee also identified the legitimate treatment needs that these youth carry - and their entitlement to the opportunity to correct their behavior and get back on track, developmentally.

However, current practices do not necessarily promote or allow for this dual approach. Typically, the child victim come to the attention of the Department of Social Services for services, while the alleged juvenile offender, a young child as well, often receives no initial services from the Department of Social Services, and frequently comes only to the attention of criminal justice at a later point in time.

Thus the Statutory Review Subcommittee worked on this dilemma by addressing the ambiguous definition of caretaker as it currently exists in Chapter 119. It was decided that rather than remaining only specified via the Regulatory definition, statutory language was needed. The aim would be to clearly delineate the definition of various categories of "caretakers" (responsible for the alleged abuse of a child) and articulate distinct procedures for Department of Social Services investigation within each category. (i.e., institutional caretaker, family caretaker, non-caretaker, juvenile caretaker.)

It was the consensus of the Subcommittee that special procedures were necessary for the investigation of cases involving juvenile caretakers. The proposed amendments are in progress and an "intent to file" was filed in January 1987 by Representative Carmen Buell.

PART II. Section C. SUBCOMMITTEE WORK GROUPS

1. SUBCOMMITTEE ON THE ROLE OF SCHOOL SYSTEMS

This Subcommittee indentified that the role of school systems in the prevention and early identification of children at risk was critical for several key reasons.

- As institutions of learning, schools should have a direct stake in prevention of child abuse, since abuse has devastating effects on learning potentials.
- Schools are the principle social institution outside of the family whose primary concern is the well being and development of children.
- Schools are community institutions with unique capacities and potentials to play vital roles in prevention.
- Aside from parents, no other single institution contributes as much to the intellectual and emotional growth of a child as does the school, or sees an individual child with any meaningful consistency.

The Subcommittee convened public hearings, reviewed reports of other work task forces, received reports from local programs in Worcester Public Schools and Hartford Public Schools, and discussed the issues with Representatives of the Department of Social Services and Department of Education. The careful review focussed on the role of school systems vis-a-vis prevention and identification of children at risk, and the schools' participation in an integrated, community-wide approach to the problem. The following dilemmas and barriers were identified.

1. School teachers report feeling untrained in identifying children at risk.
2. School teachers report feeling insular in their management of children at risk.
3. School teachers report uncertainty and ambiguity about their role as mandated reporters of suspected cases of abuse/neglect.

4. School teachers report lack of clarity about protocols for filing 51A reports and are unclear about fears of liability, discrimination, lines of authority, and administrative attitudes.
5. Furthermore, statistics from the Department of Social Services confirmed that the insularity of teachers among other mandated reporters, as indicated by the percentage of cases reported by teachers, when compared to reports from all other mandated reporters.
6. Paradoxically, during the period of heightened public awareness about child sexual abuse in particular, school systems were simultaneously facing pressure to adopt prevention curricula teaching children to recognize "good touch versus bad touch" and how to seek help. While the aims of prevention are undebateable, common sense dictates that prevention curricula for children would do little if the school systems themselves were not well prepared with informed teachers and systematic procedures for responding to children at risk which are well integrated into the schools' policy and operations.

To address this issue of how to assist teachers with their roles as mandated reporters and how to better integrate the school systems in the multidisciplinary approach to child abuse, the Special Commission decided to design and implement a pilot project. Development of a model, front line program offered the opportunity for a test situation, a database, and subsequent review and analysis, which would avoid premature legislative mandate or reactive planning.

Thus, the Special Commission proposed implementation of a pilot project on teacher training and school protocols for a designated community. The project was approved by the School committee in the City of Malden in September 1986, and implemented during the academic year of 1986 - 1987. The project aimed to create a viable model for school system participation in the community-wide management of child sexual abuse, physical abuse, and neglect. Its primary task was to prepare teachers and administrators for effective, coordinated responses to children at risk, by the development implementation of policy, procedures and support mechanisms for staff education as well as training re

their role as mandated reporters. The main components of the project included:

- * Fundamental training on abuse and neglect to all faculty and principals within the city-wide school system.
- * Clarification of roles as mandated reporters and the intent and parameters of existing laws.
- * Development and implementation of child abuse protocols and referral procedures with the school's operations.

(For the summary of the pilot project in the Malden public schools, see Appendix B.)

Through the above-mentioned forums and the pilot project, the Subcommittee identified a need for legislative initiative that would address the need to prepare teachers and school systems. The following bill was filed: "An Act Requiring School Committees to Develop a Protocol and Information Program Regarding the Management of Children at Risk."

This subcommittee also determined that the concept of "primary prevention" is critical to the aim of interrupting the repetitive, intergenerational cycle of abusive behavior patterns. Beginning in the earliest grades, schools need to encourage the following:

- * The development and acquisition of healthy problem-solving and conflict resolution skills. Such skills would enable children to utilize safe alternatives to violence. Schools are in critical positions to teach these skills to all children and thereby assist those who are not learning non-violent means at home and enhance those who are.
- * The greater availability of counseling and family support services within schools would also serve to prevent the formation of maladaptive responses and behavior patterns.
- * School systems need to recognize the importance of teaching child care and child development, parenting skills and the distinction between sexual abuse and mis-use vs. appropriate expressions of affection in relationships.

- * The establishment of school-based day care centers should be strongly considered as a modeling environment for the next generation of parents, (i.e., a laboratory-like setting for teaching students appropriate child care).

The more schools assist in the healthy development of children, the more we will decrease the numbers of children whose maladaptation lays the soil for future generations of repeating cycles of abuse. Towards these ends, the Subcommittee drafted and filed "An Act to Prevent Abuse and Strengthen Families through Comprehensive Health Education in Public Schools." This bill is viewed as fundamental to the objectives of prevention efforts within and through the public schools. Expanding beyond the specific focus of abuse and neglect, it calls for comprehensive coverage of health education planning. The Special Commission strongly recommends passage of the bill.

Recommendations:

1. Passage of H Bill #4825
"An Act to Prevent Abuse and Strengthen the Family Through Comprehensive Health Education in Public Schools"
Status: re-filed January 1987 - Representatives Barbara Hildt and Susan Tucker.
2. Passage of H Bill #5039
"An Act Requiring School Committees to Develop a Protocol and Information Program Regarding Child Abuse and Neglect"
Status: re-filed January 1987 - Representatives Barbara Hildt and Susan Tucker.
3. Appointment of the new Commissioner of Education to the Special Commission memberships.
Status: effective January 1987.

2. SUBCOMMITTEE ON PROGRAM NEEDS

Over the past year, the Subcommittee on Program Needs reviewed state-funded programs for child victims of violence, their families and offenders. This review focussed on the following areas: 1) the mechanisms for evaluation of the efficacy of existing programs, 2) the mechanisms for the empirical investigation of unanswered, practical research questions, 3) the mechanisms for coordinating the use of existing and future agency information systems. With the overriding goals of improving the coordination of existing data, the collection of additional data and subsequently the planning for future programs, the following recommendations were made:

Recommendations #1-3:

1. Program Evaluation:

The Subcommittee on Program Needs recommended that the Executive Office of Human Services assure that a commitment to program evaluation be institutionalized in each state agency serving child victims of violence and their families. The Subcommittee further recommended that this commitment be established as a priority through focussed attention in each agency's Annual Plan, internal staffing capabilities, and parallel budget requests.

Rationale:

To use the Department of Social Services as an example, data is available through the Department of Social Services' ASSIST Consumer Registration System to answer questions about current service delivery (e.g., who is being served and through what existing services).

However, answers to questions about the efficacy of various programs are needed, (i.e., therapeutic outcomes associated with prototype programs and the cost effectiveness of these programs).

Formal mechanisms for program evaluation in each state agency that contracts or operates programs are necessary and may increase the likelihood of obtaining matching federal funds. The most important outcome of a firm commitment and formal establishment of program evaluation would be the judicious use of state dollars to fund effective programs for victims, their families, and offenders.

2. Research:

The Subcommittee on Program Needs recommended that the Executive Office of Human Services develop and convene a Research Advisory Committee.

Rationale:

State agency and contracted employees working in the field of family violence are asking sophisticated research questions which have pragmatic, day-to-day applications in work with

child victims, families, and offenders. For example, the group of professionals staffing SAIN (Sexual Abuse Intervention Network) teams across the Commonwealth include representatives from the Department of Social Services, the District Attorney Offices, mental health, and health care organizations. These groups have developed and implemented videotaping interview methods for child sexual abuse victims. Simultaneously, several important research questions have been generated, the answers to which would enhance coordinated efforts to minimize "system induced trauma" to child victims and their families. Attempts to answer these very pragmatic research questions require the coordinated efforts of the involved agencies.

The Subcommittee on Program Needs recommended the development of a Research Advisory Committee, comprised of representatives from the Department of Social Services, the Department of Youth Services, the Officer for Children, and the academic community. Representation from other relevant agencies should also be considered. The primary task of this Research Committee would be to generate and suggest strategies for answering research questions. Committee members could also identify sources of funding apart from the state system to support research efforts, such as federal research initiatives. The Committee would serve in an advisory capacity to the Executive Office of Human Services and thereby provide comprehensive information to Agency Commissioners, while functioning as a clearinghouse as well.

3. Coordinated Information Systems:

The third recommendation of the Subcommittee was the proposal to develop an Information Systems Coordinating Committee.

Rationale:

The state agencies dealing with child victims of violence and their families have the unique opportunity to develop extensive databases which can be coordinated in efforts to answer research questions about consumers and services, and to inform program planning and evaluation. The Department of Social Services has the comprehensive ASSIST Consumer Registration

System. It is understood that the Department of Youth Services and the Department of Mental Health are developing and implementing parallel within-agency information systems. The Information Systems Coordinating Committee would have the primary task of planning for the coordinated, collaborative use of data among and across the state agencies. The Information Systems Coordinating Committee would require representative members from the Departments of Social Services, Mental Health, and Youth Services, as well as any other relevant agencies. In addition to addressing interagency coordination of data, the Coordinating Committee would address issues of system software and hardware compatibility, and the confidentiality parameters of sharing information. The Coordinating Committee would report to the Executive Office of Human Services or to the Agency Commissioners.

Status: The above recommendations received the unanimous support of the Special Commission and were submitted to the Secretary of Human Services, January 1987. The Secretary of Human Services has agreed to convene an Implementation Committee (with two representatives from the Special Commission) to discuss means to implement these and other recommendations.

3. SUBCOMMITTEE ON TRAINING NEEDS

Intervention in cases of child sexual abuse and other serious forms of child maltreatment requires considerable professional skill and specialized training. The increased number of these cases and involvement of a variety of professional personnel, i.e. social workers, teachers, physicians, police, etc., dictates the need for a continual effort to educate and train individuals in better understanding the fundamental dynamics of abuse and neglect, the legislative intent of child abuse reporting statutes, interdisciplinary professional roles, responsibilities, and information sharing to better serve children and their families.

During 1986 - 1987, the Subcommittee on Training Needs reviewed the pre-service and in-service needs of two primary groups: law enforcement personnel and medical/health care providers. The Subcommittee met with a variety of representatives of these professions and their respective professional organizations. The primary objective in these negotiations was to develop and

implement recommendations that would address training needs on a permanent, on-going basis. The Subcommittee avoided activities or ideas which represented one-time or short-term efforts (e.g., conferences, workshops) since the aim was to devise mechanisms which would be continuous over time and sustain training programs without Commission involvement. Thus, the following recommendations were generated.

A. Criminal Justice Training:

Since the enactment of Chapter 288, the role of law enforcement officials in the management and intervention of child victims of violence has shifted. Consequently, new training needs for police officials have been illuminated. Prior to the passage of the new Child Abuse Reporting law, child welfare advocates were the primary parties involved with these cases. Now, although Massachusetts does not have a dual reporting system (i.e., 51A reports do not get filed with both the Department of Social Services and the police), police involvement has nonetheless increased. This reflects not only the increased public awareness, and hence reporting of child sexual abuse cases as well as child physical abuse and neglect, but also the impact of Chapter 288.

Additionally, proposed amendments to Chapter 288 filed in January 1987 suggest that police investigative officers should be consistently involved in the multidisciplinary teams (i.e., those advisory teams created by Chapter 288) and that such teams should be activated at the front end of the investigative process. This change would necessarily further involve police officers in the process, and highlight the need for training.

Since the Criminal Justice Training Council provides mandatory pre-service training to all new recruit officers, the Subcommittee aimed to assist the Council with incorporating child abuse training within its core curricula for the recruit pre-service training program. A pilot training program at the Tupsfield Academy was implemented, with collaboration among the Department of Social Services, the District Attorney's office, and the Policy Academy. The pilot training was designed as a multi-disciplinary endeavor and laid the groundwork for incorporating the proposed recruit training into all the academies on a permanent basis.

Recommendation #1:

The Subcommittee recommended that the Criminal Justice Training Council implement 8 hours of pre-service training on child abuse to all new recruit officers and to offer the training on a permanent basis within the Council. The Council has agreed to this recommendation and issued a commitment to implement the 8 hour permanent, pre-service training on child abuse, beginning in the fall of 1987.

Recommendation #2:

To support this initiative and assure its continuity, legislation has been filed to require the Criminal Justice Training Council to provide the above mentioned 8-hour pre-service training for new recruits. The Subcommittee recommended passage of this bill. The bill also suggests the development of child abuse curricula within the Training Council's in-service training plans. (See Section A, Legislative Initiatives.)

Recommendation #3: Regarding In-service Trainings

Police chiefs across the Commonwealth have reported that serious dilemmas of being unable to arrange participation of active police officers in in-service training programs or conferences due to lack of funds for staff release time. The Subcommittee recommended the establishment of city slush funds which would be available to police departments for the purposes of facilitating attendance at in-service trainings. This recommendation was brought by the Chairpersons of the Special Commission to the Governor's Anti-Crime Council for their consideration.

Recommendation #4:

Current statutory language requires the training of at least one officer (per town or city) in the area of rape crisis intervention. The Subcommittee recommended passage of an amendment to MGL Chapter 265 which would expand the mandate by adding language requiring that the mandate include specialized training in the intervention of children-at-risk, as well as rape crisis.

Recommendation #5:

The increased role and responsibility of law enforcement personnel since the passage of Chapter 288 has illuminated a need for central coordination and leadership to provide linkage among the District Attorney's offices,

police and law enforcement officials at large. Historically, the Office of the Attorney General has not played a key role in leadership or coordination of issues related to children at risk. Now, with the evolution of changes precipitated by Chapter 288, there is a need for integrating the Attorney General's Office into the overall picture. The Subcommittee recommended that as the central and chief law enforcement office, the Attorney General's office should establish a mechanism which would coordinate, centralize and oversee the needs and operations of the law enforcement community relative to current and potential child victims.

B. Medical/Health Care Community:

To identify the training needs in the health care community, the Subcommittee established liaisons with the following professional organizations:

- Massachusetts Medical Society
- Massachusetts Chapter of American Academy of Pediatrics
- Massachusetts Nurses Association
- Massachusetts Hospital Association
- Harvard Community Health Plan

The aim of the negotiations with these organizations was to recommend means which would enable the organizations to identify and provide the training needs of the respective professional groups that they serve. This has included such issues as: (1) provision of child abuse courses in medical school curricula, (2) establishment of continuing education requirements for physician re-licensure in the area of child abuse, (3) establishment of hospital protocols and orientation (in child abuse) trainings to all new hospital staff, and (4) establishment of in-house, standing committees within the professional organizations which would focus on the on-going professional needs relative to the area of child abuse and neglect (both intervention and prevention).

The Subcommittee recommended that all of the above organizations establish, within their own operations, child abuse committees which would be charged with the responsibilities of identifying training needs within their respective disciplines and means to address these needs on an on-going basis. These negotiations are in progress.

4. SUBCOMMITTEE ON STATUTORY REVIEW

The Statutory Review Subcommittee undertook the responsibility of reviewing Chapter 119, section 51A-G, Chapter 288 and the Massachusetts statutes and cases regarding privileges and confidentiality which are relevant to the reporting, investigation and prosecution of child abuse. The complicated tasks included the following key areas:

- Extensive review and the drafting of amendments to Chapter 288, which include new composition of multi-disciplinary teams to assist with the investigation of serious cases of child abuse (i.e., those that fall within the criteria of Chapter 288) and the movement of teams to "the front end" of the investigative process (i.e., the first 7 days), and additional "fine-tuning" amendments.
- Extensive analysis of the problems and parameters of existing confidentiality and privilege statutes and identification of obstacles to coordinated case management and/or collaborative needs across disciplines.
- Extensive study of the dilemmas related to discovery of exculpatory evidence in the criminal prosecution of child abuse cases. Language addressing this was included in the amendments to Chapter 288.
- Drafting of statutory definition of "caretaker" to address the current vulnerable status of the definition of "caretaker" as a Department of Social Services regulatory definition and to clarify the system's response and responsibility to cases of child abuse and neglect by "non-caretakers."
- A review of statutory language related to the standard of "reasonable cause to believe" in 30 additional states.

The work culminated in the filing of the following bills thus far:

H 1545	"An Act Further Regulating the Reporting and Investigation of Certain Cases of Child Abuse." (Re-filed 1987.)
S 938	"An Act Relative to Certain Testimony from Minor Witnesses." (Re-filed 1987.)

Chapter 478 "An Act Further Regulating Certain Investigations by the Department of Social Services." (Passed and Enacted.)

The Subcommittee also conducted thorough investigations in two additional areas:

The first pertained to the issue of information sharing between the Department of Social Services and mandated reporters, particularly in regard to important data from professionals that might assist D.S.S. in making sound, appropriate, and informed decisions about a child-at-risk. The Subcommittee's work was informed by the research of Robert Weisberg and Michael Wald of Stanford Law School - ("Confidentiality Laws and State Effort to Protect Abused or Neglected Children: the Need for Statutory Reform," Family Law Quarterly, Vol. XVIII, #2, 1984).

The Subcommittee also met with representatives of various professional societies and associations. (See list below.) The purpose of this meeting was to discuss the problems related to the collaboration of mandated professionals with either police, DSS or DA's following the filing of a 51A report. The issue of whether to expand the reporter's ability to communicate without liability, how far to extend this and to whom it would apply was the focus of discussion. It was noted that the scope and protection of the social worker/patient privilege (Chapter 112, section 135) is an example of the lack of uniformity across disciplines within the psychiatric/medical communities with respect to the degrees of confidentiality and liability. The general consensus indicated the need for statutory language that would allow professionals to collaborate further after filing 51A reports. However, the critical and complicated issues that this heightened included: whether the language should be discretionary or mandatory; which group of mandated reporters should be included; under what particular circumstances (e.g., Just cases that meet the criteria of Chapter 288?); and whether the application would be only for those cases in which the mandated reporter was, in fact, the reporter of the 51A. The general consensus was to draft language for mandated reporters that would mandate disclosure of information germane to the particular 51A at hand without liability. This work is in progress.

The other area of concentration focused on the dilemmas secondary to the existing language which requires mandated reporters to report situations of children at risk, whether the alleged abuse or neglect is resultant from a caretaker or non-caretaker. Currently, the Department of Social Services substantiates reports only in cases involving a "caretaker." The DSS's existing regulations have expanded the definition of a "caretaker" beyond that of the immediate family. However, there are concerns about the vulnerability of regulation changes and the lack of clarity regarding responsibility of contacting law enforcement in cases of criminal acts by non-caretakers, the time frame involved in these communications, and the delivery of services/legal interventions with those cases that do not meet the regulations definition of caretaker, despite its expansion. The consensus of the committee was to recommend the following:

- 1) The establishment of a statutory definition of "caretaker," rather than, through the DSS regulations.
 - a. The narrowing of the focus of "caretaker" to be in line with only significant relationships to the child (i.e., family, extended family).
 - b. The utilization of the institutional abuse and neglect standards to address cases involving alleged harm by persons involved in caretaking roles by virtue of their institutional roles and functions.
 - c. The establishment of criteria and standards for cases involving abuse/neglect by "strangers" or cases that are not covered by the above.
- 2) Maintain the requirement that all cases will be reported to DSS in order to maintain one central registry of incidence reported.
- 3) The implementation of a mandate for the DSS to contact the District Attorney or law enforcement officials in cases where there is an allegation of a crime by a non-caretaker, i.e., cases not substantiated by DSS but still indicating abuse of a child.

- 4) The establishment of a twenty-four hour time frame for the notification of law enforcement by the DSS once a report of abuse by a non-caretaker had been made.
- 5) The creation of specific language regarding no liability for mandated reporters who contact the police in cases of allegations of a crime by a non-caretaker but limit this to hospital/health clinic professional staff.

Language for a bill that reflects these recommendations is also in progress.

In sum, the ill-coordinated relationship among the sets of laws that govern child protection and confidentiality manifests itself in confusion among professionals, in haphazard case management and quite possibly, in preventable harm to children. The needs for coordination and precision are evident. The Statutory Review Subcommittee intends to address these matters by continuing the thorough and systematic review which the complexities demand. It recommends the following at this point in time.

Recommendation #1: Passage of H 1545
"An Act Further Regulating the Reporting and Investigation of Certain Cases of Child Abuse."

Recommendation #2: Passage of S 938
"An Act Relative to Certain Testimony from Minor Witnesses."

Recommendation #3: Passage of up-coming Bill which favors disclosure of information over confidentiality in matters relevant to assessing the safety and best interests of a child at risk.

Recommendation #4: Passage of language creating a statutory definition of different categories of caretakers and mandating specific procedures for contacting criminal justice authorities in cases involving alleged crimes by non-caretakers.

5. SUBCOMMITTEE ON PREVENTION/CHILD ABUSE PREVENTION STEERING COMMITTEE

The Prevention Subcommittee readily identified the need to work hand-on-hand with the E.O.H.S. Child Abuse Work Group, which was also embracing the concept of "prevention" as its primary focus. To avoid duplication of efforts and to maximize the manpower and initiatives, the two groups formed a working partnership.

In April of 1986, the success of the partnership culminated in the success of the spring conference "Child Abuse Prevention: the Challenge in Massachusetts." Here, over 550 people from across the state, representing key "sector groups," (social services, education, law, medicine, corporations) attended the conference and began a process of planning strategies and ideas for working together on the issue of prevention.

The jointly sponsored conference was convened by Secretary Philip Johnston, and addressed by Governor Michael Dukakis, Senator Frederick Berry, Representative Joseph DeNucci, and attended by national and state leaders in the field of child abuse prevention.

While there has been a history of participants working together on task forces, never have so many diverse groups come together to embrace a multidimensional approach to the problem, and to organize the collective energies and ideas. Clearly evident was a consensus that creating and implementing prevention strategies called for a Comprehensive Statewide Prevention Plan. Three subsequent steps were implemented:

1. An analysis session was held on June 25 at which 30 representative leaders from throughout the state reflected upon the April conference and evaluations, and provided guidelines for developing a plan.
2. A formal merger of the Special Commission Prevention Subcommittee and the E.O.H.S. Child Abuse Work Group was approved in December 1986 by the Special Commission.
3. A Steering Group, chaired by Senator Frederick Berry and Secretary Philip Johnston, was established and convened, and accepted the charge of writing the Comprehensive Statewide Prevention Plan. This has been identified as the priority initiative of the Special Commission for 1987.

The mission of the Prevention Steering Group is to develop a comprehensive multiyear plan for the prevention of physical, sexual, and emotional child maltreatment and neglect in Massachusetts. The plan will:

1. Promote the development and expansion of informal support systems that strengthen families and thereby prevent child abuse and neglect.
2. Create, promote, and sustain policies and programs in corporations and small businesses which serve to strengthen families and prevent child abuse.
3. Develop, coordinate, and expand the delivery of child abuse prevention services within the public and private human services sectors.
4. Insure that health care institutions fulfill their vital role in child abuse prevention through greater awareness, education, program development, and service delivery.
5. Insure the integration of child abuse prevention and family life education in every Massachusetts school system.
6. Develop policies and procedures in the courts and in law enforcement agencies which support families and prevent child abuse and neglect.

The Steering Group makes monthly reports to the Special Commission at large and is expected to complete the Comprehensive Statewide Prevention Plan by September 1987.

(For the Mission Statement, Concept Paper, and Goals of the Child Abuse Prevention Steering Committee, see Appendix C.)

The Problem:

Each month, there is one child in Massachusetts who dies as a result of abuse or neglect. Each month, our social service state agency (D.S.S.) substantiates an average of 113 cases of severe abuse which meet the criteria for referral to the offices of our District Attorneys.* Approximately one third of these cases involve children less than 6 years old. Overall, since the enactment of MGL Chapter 288, over 5,016 children have been identified as victims of serious sexual or physical violence. Unfortunately, these present only the most severe cases and only those that actually come to the attention of authorities. Experts agree that existing statistics vastly underestimate the actual incidence rates of child maltreatment. Nevertheless, the figures portray a serious and sobering picture of the problem of violence against children.

The Correlations:

What remains the most striking implication of these statistics of young child victims is the overwhelmingly strong correlations between histories of violence and later long-term problems. These mistreated children too frequently become our truants, runaways, delinquents, alcoholics, drug addicts, prisoners, mental health patients, or in other ways non-productive members of our society. The costs of abuse and neglect to society only increase as their problems intensify and as the numbers accumulate each year. Can we even speculate about what will be the cumulative results?

The Approach:

The Special Commission has been charged with addressing this complicated social problem. As this annual report indicates, the Special Commission has begun this task with a multi-faceted approach. It has recognized that children in all segments of society are at risk for victimization from violence both within homes and in their communities. It has recognized that there is a dire need for the legislature, the Executive Branch, the public and private agencies, the school systems, the

*"Monthly Reports on Chapter 288, the District Attorney Reporting Bill" Department of Social Services - Massachusetts; Feb. 1987.

medical community and the criminal justice system to transcend individual biases and professional barriers in order to work as partners in addressing the needs of these children in the Commonwealth. The Special Commission has actively encouraged close collaboration and communication both through the design of the initiatives discussed in this report and via its monthly meetings. Its diverse membership reflects both this aim and the need for a true multi-disciplinary, community-wide approach to this all too pervasive and growing social problem. It has put forth a variety of recommendations indicated in this annual report.

The Causes:

There is no single cause of this social problem, nor any one theoretical model that adequately explains the phenomenon. The Special Commission acknowledges that there are multiple areas of causality, including economic pressures, sociologic and psychologic factors, environmental and cultural influences. Combinations of factors, (operating at social, familial and individual levels) interact to produce a variety of forms of maltreatment of children among all different kinds of families. This framework of understanding has demanded that a range of strategies be marshalled to address this problem and to prevent future episodes. No single approach is adequate. The situation calls for varied, comprehensive strategies and initiatives which operate in individual and community levels which reflect both means to control and curb destructive patterns and ways to enhance positive patterns.

Future Directions and Priorities:

The Legislature has mandated this Special Commission to address ways to prevent future incidences of violence against children. There is temptation to put forth recommendations based on a single strategy for preventions, but the complexities demand complex and multifaceted prevention efforts. And, there is temptation to react only on the crises as they surface on the political horizons. But we believe that responding only after the fact and only to the manifestations of abuse and neglect imposes tremendous fiscal costs and does little to interrupt the cycle of repetitions.

Although it is beyond the scope of this Commission to provide a thorough discussion of the strong correlations between child maltreatment and alcoholism or drug dependency, in particular, experts do agree that there are

continuous links between these two. Child maltreatment grows in the soil of families suffering from drug and alcohol dependence. We therefore urge the Legislature, at large, to pay careful attention to these parallels as you review legislative, budgetary and policy implications. We urge you to scrutinize the requests that come before you for a recognition of the fact that we cannot address drug and alcohol problems in isolation from the implications for healthy family functioning.

In sum, given the enormous costs to our future society, we urge the Legislature to recognize the strong correlations between histories of abuse and manifestations of later problems (e.g., drug and alcohol dependence, delinquency, suicides, etc.). To begin to prevent the continuation and proliferation of these social problems, we must begin to prevent the conditions under which episodes of violence and maltreatment in childhood emanate. In short, we must begin to focus on the concept of prevention.

At the broadest level, prevention aims should include programs and policies which contribute to healthy family functioning. These include health care, adequate child care, supportive work place policies, life skill training for children, and specialized programs for families with special sources of stress.

Prevention of violence against children entails a continuum of services which support all families and include specialized services for families at particular risk.

During the next 6 months the Special Commission will articulate specific prevention strategies and recommendations in the form of a Comprehensive Statewide Prevention Plan. This will be accomplished via the work of the Steering Committee convened by the Special Commission under the joint leadership of Senator Frederick Berry and Secretary Philip Johnston. We anticipate that the Statewide Prevention Plan will articulate our mutual concerns and responsibilities and address the needs of the Commonwealth's children. We urge the Legislature to support the implementation of the recommendations of the Massachusetts Child Abuse Prevention Plan and to support all other initiatives which address the prevention of maltreatment and which aim to strengthen healthy family functioning. Each year more lives are diminished and more

human potential wasted. We urge the Legislature to act now. And finally, we urge you to support the passage of the following bills as steps in the right direction:

- H 1545 "An Act Further Regulating the Reporting of Certain Cases of Child Abuse"
- S 1080 "An Act Providing for the Training of Law Enforcement Personnel in Child Abuse Cases"
- H 5039 "An Act Requiring School Committees to Develop a Protocol and Information Program Regarding Child Abuse and Neglect"
- H 4825 "An Act to Prevent Abuse and Strengthen the Family through Comprehensive Health Education in the Public Schools"
- H 1547
- S 558 "The Children's Trust Fund Bill"
- S 938 "An Act Relative to Certain Testimony from Minor Witnesses"
- H 1547 "An Act Mandating Pre-service and In-service Training Plans for Mental Health and Social Service Workers"

PART IV. APPENDIX

APPENDIX A

SURVEY: PROTOCOLS FOR THE MANAGEMENT OF CHAPTER 288 REFERRALS IN DISTRICT ATTORNEY OFFICES.

Upon referral of child abuse cases from the Department of Social Services to the District Attorney, certain District Attorney offices specifically direct Department of Social Services to avoid notifying the families of such referral. By preventing notification the child may be protected from pressure from the defendant, and the possibility of the defendant leaving the jurisdiction is reduced. In contrast there are other District Attorneys which do not prohibit notification, and in fact the Department of Social Services discusses the referral openly with the family. There are yet other counties which do not have a definitive policy, and therefore according to the individual case in question a decision may be made to either prohibit or allow notification.

In the majority of counties the next step in case management will consist of an Assistant District Attorney, in supervision of child sexual assault cases, reviewing the case to determine if there should be an investigation. The following factors are considered:

1. Has the offense occurred in the jurisdiction?
2. Has the perpetrator been identified?
3. Is the child able to talk effectively?
4. Statute of Limitations and timeliness of complaint.
5. Advisability of prosecution.

Sometimes where doubt exists as to the appropriateness of investigation the case may be referred to the victim-witness director for assessment of the child, or investigating police department for assessment of the case.

Where a decision to go forward with the investigation is made a case is sent to state and/or local police for an investigation, and is usually assisted by a representative of the child abuse unit or victim-witness advocate. Joint investigation, between the Department of Social Services and the police, are reportedly used whenever possible and appropriate. Examples include:

- a) Where parents or older child agree during Department of Social Services investigation to police involvement.

- b) Where emergency referral is made by the Department of Social Services to the District Attorney's Office.
- c) Where the family has gone directly to the police and police file 51A.
- d) Where police feel the Department of Social Services presence would be beneficial at a police interview conducted after completion of 51B.

The investigations are usually conducted at the area Department of Social Services office, the police department, the medical center, or the District Attorney's office. Most offices report the enhancement of the value of investigations through the use of anatomically correct dolls, one way mirrors, or videotaping during the interview. (Please note: the use of these techniques vary from county to county.) Additionally, at the time of investigation a victim-witness advocate is assigned to the case and that person's function becomes one of (a) monitoring the emotional state of the child, (b) contacting the victim's social worker, therapist, and/or family, (c) determining competency of the child to testify at the investigation stages, (d) determining special needs of the child.

Following the screening procedure, a case is assigned to a multi-disciplinary team usually consisting of an Assistant District Attorney, a Victim/Witness Advocate, a Department of Social Services supervisor, and police investigator. Variations include: Berkshire County, where an MSPCC worker and Area Health Education Center care management coordinator are involved, and Hampden County, where a medical practitioner, (e.g., SAIN teams at Bay State Medical Center) is involved in the team meetings.

The decision as to the appropriateness of prosecution is done on a case-by-case basis and is determined by the District Attorney in all counties except Suffolk where the decision is made by the Sexual Assault Unit. Several factors are considered in the decision making process. The multi-disciplinary team and/or Department of Social Services are used in an advisory capacity in some counties. The final decision may also be affected by what the children, families, doctors, psychologists, social workers, or police contribute. It is unclear from the information received to what extent therapists and other mental health professionals are capable of advising at

this stage of the case management. Other pertinent factors are as follows:

1. nature, duration and age of offense
2. age of child/competency under oath
3. trauma of proceedings to child
4. age of offender
5. relationship of offender to child
6. use of force, threats, or other forms of coercion
7. offender's prior record
8. defendant's awareness and sensitivity to the impact of the crime on the victim
9. evidence of major substance abuse
10. evidence of mental health
11. defendant's participation in the Department of Social Services' service plan
12. "strength of case" in terms of prosecution
13. effect of intervention on the family

It was stressed that each case is unique and therefore it is always a different combination of these factors which affect a decision on prosecution.

Most counties, although asked, did not specify a time-frame for decision making. However, Worcester County reports that the time from intake to prosecution has been substantially shortened with the use of videotaping devices. Decisions are now made within days instead of weeks. The Cape and Islands District reports most decisions are made within 45 days; none more than 90 days.

Most District Attorneys report a good quality of reciprocal communication with the Department of Social Services whenever the need arises. This relationship is reported to be enhanced by the implementation of Chapter 288. For example, where the release of medical information is not provided for in the 51A or 51B reports, generally the exchange of information between the Department and the District Attorneys has proceeded smoothly.

In some counties the Department of Social Services has reported that the threat of prosecution is a great motivator for families which favor a policy of prosecuting adult offenders rather than advocating any form of diversion. The reasoning behind this policy is that where cases are fully prosecuted, as opposed to deferred or diverted, the message is made clear to the victim that the offender was wrong and society can protect the child. It is also in the child's best interest because the case is

put to rest, and the healing process is then facilitated. The belief expressed is that treatment should be enforced through conventional probationary supervision where incarceration may not be warranted. Most believe treatment to be most effective with incarceration where adult offenders are concerned. (Please note: no mention was made with regard to juvenile offenders.)

A review of this summary clearly gives the sense that each case is unique and needs to be assessed on an individual basis, given the complexities and multiplicity of factors to consider.

Areas of future study are highlighted by this integrated summary. Questions that merit future review include:

1. Are there training needs and implications for those parties involved in the District Attorney's investigation procedures?
2. What areas of confidentiality and exchange of information present obstacles to collaboration?
3. Should special procedures be implemented for juvenile offenders?

APPENDIX B (Part I)

PILOT PROJECT:

Malden Public Schools
Teacher Training & School Protocols for
the Identification and Intervention of
Children at Risk for Abuse and Neglect

PRIMARY OBJECTIVES:

To assist with the integration of educators in the Commonwealth's policy of a multi-disciplinary approach to the prevention and intervention of child sexual abuse, child physical abuse and child neglect. To provide teachers and administrators with a fundamental understanding of the dynamics of abuse and neglect, the legislative intent of child abuse reporting statutes and teacher related responsibilities.

The identification and intervention of these cases pose complicated dilemmas for all mandated reporters. Clear data and uniform procedures are often unavailable. Pitfalls such as institutional insularity, unforeseen barriers to collaboration and lack of consensus on goals of intervention and roles of various professionals create additional difficulties to already anxiety-laden situations. Now, with heightened awareness of the widespread prevalence of child sexual-abuse, in particular, there is new pressure on schools to provide prevention curricula and information. While the aims of prevention are undebateable, prevention materials do little if a system has not articulated effective modes and procedures for responding to children at risk.

This pilot project aims to create a viable model for school system participation in community-wide management of child sexual abuse, child physical abuse and child neglect. Its primary task is to prepare teachers and administrators for effective and coordinated responses to children at risk; therefore, use of prevention curricula or materials is seen as secondary to the development and implementation of policy, procedures and support mechanisms for the educational staff.

The main components include: fundamental training on abuse and neglect, the role of mandated reporters and the parameters of existing laws; implementation of child abuse and neglect policy and referral procedure within the school system; and implementation of "student protection teams."

OVERALL GOALS

1. To establish a standard for a multi-disciplinary, multi-dimensional, school system approach that facilitates prevention, early intervention and effective management of children at risk for abuse and neglect.
2. To design and implement policy statements and protocols for reporting procedures and requirements within each school, and which outline exceptions and special circumstances.
3. To provide teacher in-service training addressing the reporting mandate, the identification of children at risk and key concerns regarding the educator's role.
4. To facilitate the implementation of in-school "student protection teams" - i.e., multi-disciplinary advisory groups serving the function of consultative review, support, monitoring of cases, and creating an in-school information base.

APPENDIX B (Part II)

SUMMARY REPORT - MALDEN SCHOOL SYSTEM PILOT PROJECT ON TEACHER TRAINING JANUARY, 1987

August 1986

1. Preliminary meetings with the Superintendent of Schools

A. Meetings with Dr. George Holland were held to discuss the possibilities of the pilot project. The project's goals were reviewed as well as the needs of the Malden School System in particular and statistics regarding faculty and staff size per school. It was agreed that early release days could be utilized for staff trainings, system-wide, pending approval of the School Committee.

2. Negotiations with the Mass. Teachers Association

A. Discussions with Ms. Nancy Finklestein, (President, M.T.A.), Ms. Ann Clark (legal counsel), Mr. Joe Murphy (legal counsel) and Ms. Donna Prusack (local President - Malden Teacher's Union) focused on the program design and goals, teacher liability concerns and endorsement of the pilot project from the Mass. Teacher's Association. It was agreed that the president of the local union would assist in convening a local advisory committee, with a member chairperson.

September 1986

1. Approval of Malden School Committee

- A. The pilot project design and goals were presented to the Malden School Committee and received a vote of approval for implementation of the pilot project.
- B. Ms. Cynthia Poor (High School English teacher) was appointed Chairperson of the Malden Advisory Group.

2. Malden Advisory Group

A. This group was convened by the local union president and the appointed Chairperson and was comprised of faculty from each level of the schools, guidance personnel, nurses and administrators. It has met on a weekly basis and utilized consultation from the Executive Director of the Special Commission, the Area Director of D.S.S., Commission members and Commission staff. The Advisory Group was charged with the following tasks:

1. To develop and write a comprehensive protocol indicating the specific standardized procedures for the school system's management of an identified or potential child at risk.
2. To generate a list of the different learning needs among faculty groups in order to assist with the design of the teacher trainings, scheduled for November 1986.
3. To discuss and formulate the most effective means of utilizing "child support teams" within the school system for the faculty and to articulate strategies for implementation. The Advisory Group members applied for and received compensation via the Horace Mann Grants from the Dept. of Education.

October 1986

1. Press Coverage

A. Local cable TV taped and aired a talk show on the Pilot Project which explained the history, rationale and objectives of the project and provided community members with advance information about community resources, D.S.S., and the school contact persons.

B. A press conference was held at the Linden Elementary School with Governor Dukakis, Representative DeNucci, Secretary Johnston, School Committee members, Superintendent of Schools, faculty and administration members, the Commissioner of D.S.S., the Area Director of D.S.S. and the Office for Children, the President of the Mass. Teacher's Association and the Malden Advisory Committee members.

Faculty concerns were voiced and then integrated into the design of the teacher trainings. The objectives of the pilot project and the need for mandated reporters to assist with the identification of children at risk were emphasized.

2. Planning and Teacher Trainings

- A. The Special Commission staff contacted 20 professionals with expertise in child welfare, child psychiatry and child development and confirmed agreements to participate as volunteer trainers for the Pilot Project. (See list of trainer's attached.)
- B. A steering group of advisors was convened for input into the design of the trainings for the teachers. (See list attached.)

November 1986

1. Training the Trainers

- A. A group of 20 trainers were convened over the course of 5 meetings in which the goals, content and parameters of the teacher trainings were reviewed. The trainers were prepped about the Malden community, historical information and key areas of focus for the trainings. The Mass. Child Abuse Reporting Statute, procedures of D.S.S. and the M.T.A.'s position on providing legal counsel to teachers subjected to threats of litigation were reviewed.
- B. Packages of information designed for each teacher to receive as part of the training were developed and reviewed with the trainers. (See sample package.)

2. Advisory Committee Works on Protocols

- A. The Advisory Committee reached consensus that adjustment counselors within each school would be designated as the primary liaisons with the Department of Social Services and would be authorized (pending administrative approval) to file all 51A reports. This decision illuminated additional training needs designed specifically for the adjustment counselors, given their proposed responsibilities.

3. Conducting the Trainings

A. On November 18, the 400 faculty members of the Malden School System were convened in small groups of approximately 20-25 members for the purposes of the 2 hour trainings. The principals of the respective schools hosted the meetings and the 20 professionals were assigned to one of each of the groups to conduct the standardized training. Some of the trainings were videotaped. Evaluation forms were distributed, as well as pre-test questionnaires. Each teacher also received the training package of information. Total number in attendance: 400.

December 1986

1. Training for the Adjustment Counselors/Guidance Staff

A. Deemed the group of professionals who would bear primary responsibility for the filing of 51A reports, and collaboration with the Department of Social Services, this group of approximately 25 staff received additional training on December 9, 1986 by Dr. Maria Sauzier, M.D. This training focused on the special needs of abused children, the complexities of collaboration and the aftermath of filing 51A reports.

B. A second component on legal issues is scheduled for February, 1987.

2. De-Briefing with the Trainers

A. The 20 professional were invited to reconvene with the Special Commission Executive Director and the Chairperson of the Malden Advisory Group for a feedback/follow-up session. An update from the Malden Advisory Group was provided as well as feedback from the faculty (as heard through their representation on the Malden Advisory Group). Strengths, weaknesses, suggestions and comments about the pilot projects' design and implementation process were discussed.

B. Primary areas of concern included the following:

* The primary areas of mutual concern among teachers and D.S.S. representatives was the restricted amount of information exchange permitted under the law and the resultant problems from these restrictions.

- * From the perspective of the teachers, there is a disincentive to file a 51A on a child (with whom there may be a long-term, invested relationship) when subsequent to the reporting, there is limited or no feedback about the outcome of the investigation or the specific plans for the child and his/her family. This appeared to be a central source of frustration for the teachers, especially after taking "a leap of faith" to report and involving state officials into a child's life. This frustration often culminated in criticism of the Department of Social Services and reluctance to report. From the other perspective, D.S.S. staff and administrators explained the confidentiality parameters and statutes which inform caseworker's role and responsibilities to their clients and the consequent restrictions on sharing of information with teachers. This information-sharing problem seems particularly complicated in school systems as opposed to other professional agencies, partially due to the different standards of practice regarding confidentiality and also due to the systemic structure and procedures whereby several school staff are involved with any one student, and with the filing procedures.
- * The other area of difficulty that was underscored during the trainings was the general misperception about the standard of proof required in the decision-making process of whether and when to file a 51A report. Generally speaking, the teachers felt a need for "clear, convincing evidence," as opposed to "reasonable cause to believe" that a child is or may be suffering from abuse or neglect. This was a key area that trainers tried to clarify in the trainings.

3. Final Phase of the Pilot Project

A. The Executive Director of the Special Commission, the Chairperson of the Advisory Committee and the Commission Assistant met to review steps for the final phase of the project as outlined below:

- To expand the network of knowledge among interested faculty members, in-service training workshops will be planned by the Malden Advisory Group. The primary objective

of these 3-4 workshops will be to continue to increase the level of comfort for teachers who deal with child disclosures of abuse. The Special Commission will provide consultation regarding the design of these workshops. Members of the training staff have volunteered to conduct the in-service workshops.

- The second and third component of the specialized training for the adjustment counselors will be implemented (i.e.: D.S.S. information and legal information) in January and February.
- The Advisory Group will submit the protocol for administrative approval and advocate for its speedy implementation.
- The Advisory Group will further articulate plans re: student support teams and make recommendations to the Administration.

APPENDIX C

COMMONWEALTH OF MASSACHUSETTS CHILD ABUSE PREVENTION STEERING GROUP CONVENED BY: SPECIAL COMMISSION ON VIOLENCE AGAINST CHILDREN AND E.O.H.S. CONCEPT PAPER

The National and Statewide Context

Public attention across the nation has been drawn increasingly to the widespread problem of the physical and sexual abuse of children. At both the national and local levels, as awareness of the problem has grown, so have strategies for its prevention and treatment been articulated. National Committee for the Prevention of Child Abuse now targets a goal of reducing child abuse by 20% in 1990. Similarly, the goal of the 1980 U.S. Surgeon General's Report is reducing child abuse by 25% in 1990. A report of the Erikson Institute for the Advanced Study in Child Development of Chicago indicates that "Making good on these commitments will require coordinated effort between public and private agencies and individuals of a kind rarely evidenced."

Here in Massachusetts, what was once a fragmented issue dealt with in piecemeal by isolated communities, parents, legislators, employers, and state agencies is now an issue that merits front page coverage, ("'Throwaways' Try to Survive on Hub Streets: Youths Tell of Abuse-Filled Lives," Boston Globe, 12/28/86, page 1). We have recognized that child abuse is a problem challenging leadership, coordination of services, and resources. The time has come for focusing on the prevention of abuse, and moving from a reactive posture to a statewide pro-active stance.

Rationale for Preventing Child Abuse

Why should society be concerned about preventing child abuse? Every year more than a million children in the U.S. are seriously abused by their parents or guardians, and between 2,000 and 5,000 children die from abuse. Here in Massachusetts, in fiscal year 1986, 50,000 cases were reported to the Department of Social Services for allegations of abuse, neglect and sexual abuse. More than 18,000 cases were substantiated. This number represents a 49% increase over the fiscal year of 1981. As a nation, the U.S. spends hundreds of millions of dollars identifying abused children and providing them with medical and protective services with the hope that the abuse will cease. Institutional costs are high, as

are the social and emotional costs of abuse to children and their families. Since approximately 80% of the identified parents who abuse were abused themselves, a generation later the hidden costs of child abuse become evident when the abused child re-enacts the heritage of a known behavior pattern.

Prevention as a Policy

Prevention of child abuse is coming of age in Massachusetts. Nowhere was this more visible than when 550 people gathered from around the state to attend the April 29, 1986 conference, "Child Abuse Prevention: The Challenge in Massachusetts," co-sponsored by the Executive Office of Human Services and the Special Commission on Violence Against Children. Here, representatives from key sectors of our society (social services, education, law, medicine, the corporate world), gathered together for the first time to share their perspectives, to plan, and to commit themselves to working together. Concerned parents from around the state, national leaders, legislators, judges, public and private human service and health professionals, and Governor Dukakis, all attended the conference, making a collective commitment to action, and modeling public/private collaboration on this issue.

The ideas generated at the Conference were further developed at a follow-up session on June 25, 1986. Here, Secretary Philip Johnston convened legislators and conference speakers to synthesize the conference information and articulate the next steps.

Building Partnership

Building on the partnership between the Executive and Legislative branches and culminating in the consensus that Massachusetts must develop a comprehensive statewide prevention plan, Secretary Johnston and the Special Commission on Violence Against Children decided to convene a steering group charged with the task of writing a prevention plan for the Commonwealth which would articulate specific means to reduce the incidence of child abuse. This group, the Child Abuse Prevention Steering Group, will be chaired by Secretary Phillip Johnston and Senator Fred Berry and will be comprised of representatives from various institutions in the private and public sectors who will assist with the development of the prevention plan.

The Child Abuse Steering Group

The governing principle of the Child Abuse Prevention Steering Group will be that participation in planning and implementation must include the widest possible representation of people and institutions who have a stake in child abuse prevention. For the purposes of the prevention plan, the definition of primary prevention is the following:

"Any maneuver that occurs to or around an individual (primarily infants), the stated purpose of which is to prevent child abuse and neglect from ever occurring to that individual. A second subset of primary prevention can be stated as a socially defined subset, whereby a program or maneuver is proposed or initiated to effect change of a societal structure." Ray Helfer, Child Abuse and Neglect, Vol. 6, 1986.

Mission and Goals

Thus, the mission of this Prevention Steering Group is to develop a comprehensive multi-year plan for the prevention of physical, sexual, and emotional child maltreatment and neglect in Massachusetts. The plan will:

1. Promote the development and expansion of informal support systems that strengthen families and thereby prevent child abuse and neglect.
2. Create, promote, and sustain policies and programs in corporations and small businesses which serve to strengthen families and prevent child abuse.
3. Develop, coordinate, and expand the delivery of child abuse prevention services within the public and private human services sectors.
4. Insure that health care institutions fulfill their vital role in child abuse prevention through greater awareness, education, program development, and service delivery.
5. Insure the integration of child abuse prevention and family life education in every Massachusetts school system.

6. Develop policies and procedures in the courts and in law enforcement agencies which support families and prevent child abuse and neglect.

Children deserve a childhood free of abuse, neglect, and victimization. Abuse can be prevented, now and in the future. The Massachusetts Child Abuse Prevention Plan will direct its full attention to the preventive measures the Commonwealth will embrace in order to break the disastrous, repetitive cycle of abuse.

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